

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE 1/1/98: \$236.25).

APPROVED
AND
FILED

97 DEC -5 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF REVENUE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005243 (8)

1. Corporation Name

EL GRAN YO SOY, INC.

Principal Place of Business

Mailing Address

3801 S. W. 58TH AVENUE
DAVIE FL 33314

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DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/09/1996

3a. Date of Last Report
9-7-97

2. Principal Place of Business

21 38260 South S.R. 7

2a. Mailing Address

26 Suite, Apt. #, etc.

22 A
City & State

23 Hollywood, Florida

24 33314
Zip

Country

25 BROWARD

27 City & State

28

Zip

29

Country

30

4. FEI Number

65-0731530

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME Pastor (Rev)
JOAQUIN PALMA
STREET ADDRESS 3801 SW 58 ave
CITY-ST-ZIP Davie, Fla. 33314

TITLE ☐ DELETE

NAME Administration
Olgamarina Palma
STREET ADDRESS 3801 SW 58 ave
CITY-ST-ZIP Davie, Florida 33314

TITLE ☐ DELETE

NAME TRESURE
JORJE BALDELOMAR
STREET ADDRESS 2920 SW 13 ST
CITY-ST-ZIP Ft. Lauderdale, Fla. 33312

TITLE ☐ DELETE

NAME Gerald Palma
STREET ADDRESS 3801 SW 58 ave
CITY-ST-ZIP Ft. Lauderdale, Fla. 33314

TITLE ☐ DELETE

NAME Ana Maria HERRERA
STREET ADDRESS 3910 SW 59 ave
CITY-ST-ZIP Davie, Fla. 33314

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME Isabel Mejia
1.3 STREET ADDRESS 3911 SW 59 ave
1.4 CITY-ST-ZIP Davie Fla 33314

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME Edi Valenzuela
2.3 STREET ADDRESS 2901 SW 48 ave
2.4 CITY-ST-ZIP Ft. Lauderdale Fla 33314

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME Rossalynn Palma
3.3 STREET ADDRESS 3801 SW 58 ave
3.4 CITY-ST-ZIP Ft. Lauderdale, Fla 33314

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Signature of Registered Agent

9/7/97

CR2E037 (4/97)